

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 1 OF 2
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Black PAC			FEC IDENTIFICATION NUMBER ▼ C C00609388		
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on					
Full Name of Payee Berlin Rosen, Ltd.			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 30 / 2018		
Mailing Address 15 Maiden Ln Ste 1600			Amount 29750.00		
City New York	State NY	Zip Code 10038-5111	Transaction ID : VTDG0AAWF72 Date of Disbursement or Obligation MM / DD / YYYY		
Purpose of Expenditure Digital Advertisement - Estimate		Category/ Type	MM / DD / YYYY		
Name of Federal Candidate Luria, Elaine, ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <u>02</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>VA</u>		
Calendar Year-To-Date Per Election for Office Sought		49142.66	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Deliver Strategies, LLC			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 30 / 2018		
Mailing Address PO Box 100970			Amount 4508.61		
City Arlington	State VA	Zip Code 22210-3970	Transaction ID : VTDG0AAWFA4 Date of Disbursement or Obligation MM / DD / YYYY		
Purpose of Expenditure Direct Mail - Estimate		Category/ Type	MM / DD / YYYY		
Name of Federal Candidate Hill, Katherine, L., ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <u>25</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>CA</u>		
Calendar Year-To-Date Per Election for Office Sought		80407.87	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			34258.61		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Shropshire, Adrienne, R., ,</i>		[Electronically Filed]		Date MM / DD / YYYY 10 / 30 / 2018	

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Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Resonance Campaigns LLC			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 30 / 2018		
Mailing Address 1020 16th St NW Ste 701			Amount 4128.43		
City Washington	State DC	Zip Code 20036-5730	Transaction ID : VTDG0AAWF88		
Purpose of Expenditure Direct Mail - Estimate		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY		
Name of Federal Candidate Underwood, Lauren, , A		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate		District: 14 State: IL
Calendar Year-To-Date Per Election for Office Sought		9211.98	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee Resonance Campaigns LLC			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 30 / 2018		
Mailing Address 1020 16th St NW Ste 701			Amount 8223.49		
City Washington	State DC	Zip Code 20036-5730	Transaction ID : VTDG0AAWF96		
Purpose of Expenditure Direct Mail - Estimate		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY		
Name of Federal Candidate Kelly, Brendan, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate		District: 12 State: IL
Calendar Year-To-Date Per Election for Office Sought		16631.58	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	12351.92
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	46610.53

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Shropshire, Adrienne, R., ,

[Electronically Filed]

Date

MM / DD / YYYY
10 / 30 / 2018

Signature